100		Departme	it of P	ublic H	ealth an	d Social S tal Health	ervices	
•		Food Est					Report Page	of(_
INSPECTION R	IN TYPE GRADE	INSPECTION	DATE	ES	ABLISH	MENT NAME		
Regular	18		INSPECTION DATE ESTABLISHMENT NAME 123 12020 FAT BOY 311M					
Follow-up			TIME IN TIME OUT PERMIT HOLDER					
Complaint L	RATING	12:20 1						
nvestigation	13	SANITARY PERI	AIT NO.	ILO(ATION (A	Address)		
Other		20170 055		40	(13	BLK E	5 127 JUSIE PLAUZ	57
MESTAB	LISHMENT TYPE	AREA JE	LEPHO	NE No.	of Risk Fa	actor/Intervent		CATEGOR
411917	FOODBODNE	→ /70	יי ארו	/ J No.	of Repeat	Risk Factor/I	ntervention Violations	3
	FOODBORNE	ILLNESS RISK	FAC	TORS	AND	PUBLIC	HEALTH INTERVENTIONS	
IN = In complia	once OUT ≃ Not in compli	ance N/O = Not observed	N/A = Not	i tor each ni t applicable	mpered ite COS = Co	m. Mark "X" ir	appropriate box for COS and/or R. during inspection R = Repeat violation PTS =	Domesiasalata
Compliance S	Status		cos	R PTS	Comp	liance Statu	8	COS R PT
-		pervision				Pg	tentially Hazardous Food (TCS Food)	ood K JF1
1 IN OUT	Person in charge knowledge, and	present, demonstrates		6	16	N OUT NA NU	Proper cooking time and temperatures	6
		yee Health			17 11	N OUT THE NA	O Proper reheating procedures for hot holding	6
2 N OUT		areness; policy present	1	6	19	N AGT N/A NA	Proper cooling time and temperatures Proper hot holding temperatures	6
3 (N) OUT		porting, restriction & exclusio	n	6	20	AVA CUO IN	Proper cold holding temperatures	6
		lenic Practices					Proper date marking and disposition	6
4 🕟 оит	N/A N/O Proper eating, tal	sting, drinking, betelnut, or		6			Consumer Advisory	
5 (N) OUT		m eyes, nose, and mouth	+	6			- Constitution Factory	
17		tamination by Hands		10	22 1	N OUT NA	Consumer Advisory provided for raw or	
W OUT	N/A N/O Hands clean and	properly washed	\top	6			undercooked foods	°
7 DO OUT		ntact with ready-to-eat foods	or	6		1886	Highly Susceptible Populations	
1		te method properly followed ashing facilities supplied &	\rightarrow		23 11	N OUT (NA	Pasteurized foods used, prohibited foods not	6
3 IN OT	accessible	asimy iacilines supplied o		6			offered Chemical	
	Appro	ved Source	Selection of the last		1	(1)	T T	
TUO OUT	The second secon	om approved source		6	24	TUO V	Food additives: approved and properly used	6
IN OUT		proper temperature		6	25/1	ООТ	Toxic substances properly identified, stored,	6
		dition, safe, and unadulterat	be	- 6	Ψ		used	0
IN OUT	parasite destructi	available: shellstock tags,	1 1	6			Compliance with Approved Procedures Compliance with variance, specialized	
		m Contamination			26 1	v out (%)	process, and HACCP plan	6
117	WA Food separated a			6		Riek factors a	re improper practices or procedures identified as	the most
		faces: cleaned & sanitized n of returned, previously	+	- 6		prevalent contri	ibuting factors of foodborne illness or injury. Publ	ic Health
5 (N) OUT			1 1	6	1 1	interventions a	re control measures to prevent foodborne illness	or injury.
77 001	served, recondition	Strong and displace load						
3 (17) 001			ODI	RETIAL	PRAG	CTICES		
	Good Retail Pract	GC tices are preventative measu	res to con	trol the intr	oduction of	CTICES pathogens, che	micals, and physical objects into foods.	
Merk "X" i	Good Retail Pract	GC	res to con OS and/or	ntrol the intr	oduction of =Correcte	pathogens, che	inspection R =Repeat violation PTS =Dem	erit points
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GOVERNMENT OF GUAM DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES DIPATTAMENTON SALUT PUPBLEKO YAN SETBISION SUSIAT



LINDA UNPINGCO DENORCEY, MPH

LAURENT SF DUENAS, MPH, BSN, RN DEPUTY DIRECTOR

> JOSEPHINE T. O'MALLAN DEPUTY DIRECTOR

GOVERNOR, MAGA'HAGA JOSHUA F. TENORIO LT. GOVERNOR, SIGUNDO MAGA'LAHI

COMPLIANCE CHECKLIST FOR EATING AND DRINKING ESTABLISHMENTS BASED ON EXECUTIVE ORDER 2020-20, 2020-16, 2020-14, DPHSS GUIDANCE MEMO 2020-07 and 2020-12

Name of Establishment: Fat Boy Slim	Company Name:	Hatsa	Guam,	LLC
Location: Harmon Cost-V-Less				

Item No.	Criteria	Comments	Executive	iance with Order and Guidance
	General Requirements			
1	Has a written policy and procedures for COVID-19 prevention and control measures prior to re-opening, which address the following:	****	Yes	No
	Employee health, to include having a plan in place if someone is or becomes sick		Yes	No
	b. Cleaning/sanitizing procedures	.	Yes	(No)
	c. Social distancing and other protective measures		Yes	(No)
2	Operates at no more than the authorized occupancy rate	KI /A	Yes	No
3	Prohibits the use of high touch items such as food trays	NA	y Yes	No
4	Prohibits the operation of salad bars, buffets, and/or self-service operations	NA	Yes	No
5	Follows the requirement of the Guam Food Code that also applies to COVID-19 mitigation:		Yes	No
	a. Prohibiting sick employees in the workplace		(Yes)	No
	b. Strict handwashing practices, to include when and how	•	Yes	No
	c. Strong procedures and practices to clean and sanitize surfaces		Yes	No
	d. PIC is on site and is a certified food manager		(Yes)	No
	Employee Health			-
6	Screens employees and patrons before entering the facility		(Yes)	No
7	Possesses adequate supplies to support healthy hygiente behaviors	***	(Yes	No
8	Posted signage for employees and patrons on good hygiene and sanitation practices		Yes	No
	Cleaning and Disinfection			
*9	Has a cleaning and disinfection procedures and schedule in place for common areas, highly touch surfaces, and the entire establishment		Yey	No
10	Possesses adequate cleaning and disinfection products and PPE to perform enhanced cleaning/disinfection		Yes	No
11	Follows CDC's cleaning and disinfecting guidelines		(Yes)	No
	Ventilation		11	

12	Maximizes fresh air through use of existing ventilation system	NA		Yes	No
13	Minimizes air from fans blowing from one person directly at another individual	NIA		Yes	No
	Social Distancing and Other Protective Measures				
14	Implements social distancing of at least 6 feet and posting of appropriate signage			Yes	No
15	Posted signage at entrance stating that no one with COVID-19 symptoms is permitted inside	N/A		Yes	No
16	Appropriate physical barriers are in place for cafeteria style dining and booth seating	N/A		Yes	No
17	For congregations or social gatherings:	•			
	a. Total number of people, including employees, do not exceed the capacity permitted in the most recent E.O. (including ballroom and private rooms)	N/A		Yes	No
	b. Total number of people in each party do not exceed the number allowed for congregations or social gatherings in most recent E.O.	NA	<i>e</i> :	Yes	No
18	Mandating the wearing of face mask	COS		Yes	(No)

RECEIVED BY (Name and Title)		DATE
pay diagnotes A	4	8-23-20
DEH INSPECTOR (Name and Title	P _v	DATE
J. Chiz, N. Virad	or, ETI	8/23/20